

ST. VINCENT & THE GRENADINES COMMUNITY COLLEGE
ADMISSION FORM

DATE:

DIVISION:

1. SURNAME:

GIVEN NAMES:

2. DATE OF BIRTH:

RELIGION:

3. SEX:

NATIONALITY:

4. NEXT OF KIN:

RELATIONSHIP:

5. STUDENT'S CONTACT NOS:

6. FATHER'S NAME:

OCCUPATION:

7. MOTHER'S NAME:

OCCUPATION:

8. STUDENT'S MAILING ADDRESS:

EMAIL ADDRESS:

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9. ACADEMIC RECORD

PRE-SCHOOL(S) ATTENDED:

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PRIMARY SCHOOL(S) ATTENDED:

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SECONDARY SCHOOL(S) ATTENDED:

.....

OTHER INSTITUTION(S):

WHAT IS YOUR HIGHEST LEVEL OF QUALIFICATION: (SELECT ONE)

☐ CSEC

☐ CAPE

☐ ASSOCIATE DEGREE

OTHER (PLEASE STATE):

10. IN WHAT EXTRA-CURRICULAR ACTIVITIES ARE YOU INVOLVED? (In Detail):

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11. WITH WHOM WILL STUDENT BE LIVING DURING THE SCHOOL YEAR?

NAME:

ADDRESS:

RELATIONSHIP:

PHONE #:

OCCUPATION:

12. IN CASE OF AN EMERGENCY CALL:

IF NOT AVAILABLE CALL:

(1)

(2)

NAME:

NAME:

PHONE NO:

PHONE NO:

13. MEDICAL – PLEASE GIVE DETAILS OF ANY DISABILITIES WHICH THE COLLEGE SHOULD BE AWARE OF – E.G. FREGQUENT NOSE BLEEDING, FITS, DEAFNESS, ETC. *(This information will be treated as confidential and may prove invaluable in emergencies):*

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WHAT ACTION WOULD YOU PREFER THE COLLEGE TO TAKE IN THE EVENT OF AN ACCIDENT OR A PROBLEM OF SERIOUS ILLNESS?

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NAME OF SPONSOR *(if any)*:

SIGNATURE – PARENT/GUARDIAN: